REMARKS

I. Status of the Claims

Claims 1-69 are canceled. Claims 70, 71, 72, 77, 78, and 84-87 are currently amended. Claims 72-76, and 79-83 are previously presented. Claims 70-87 are pending in this case.

II. Claim Rejections

1. Claims 70-87 stand rejected under 35 U.S.C. § 112.

2. Claims 70-72, 74-79, and 81-87 stand rejected under 35 U.S.C. § 102(b) as being anticipated by Wintrobe et al.

3. Claims 70-87 stand rejected under 35 U.S.C. § 102(b) as being anticipated by Sorensen et al.

4. Claims 70-87 stand rejected under 35 U.S.C. § 102(b) as being anticipated by Dati et al.

III. Argument

A. Section 112

Claims 70-87 stand rejected under 35 U.S.C. § 112. Claims 70-87 now claim a diagnostic method in which a blood sample is tested for assisting in diagnosing the subject from which the blood sample was taken. Claim 71 has been amended to depend from claim 70, claim 77 has been amended for proper antecedent basis, claim 78 has been amended to depend from claim 77, claim 85 has been amended to depend from claim 84, and claim 87 has been amended to depend from claim 86. The section 112 rejections are believed overcome by amendment.

B. Section 102

"A claim is anticipated only if each and every element as set forth in the claim is found, either expressly or inherently described, in a single prior art reference." *Verdegaal Bros. V. Union Oil Co. of California*, 2 USPQ2d 1051, 1053, (Fed. Cir. 1987). Also, "[a]ll words in a

claim must be considered in judging patentability of that claim against the prior art." *In re Wilson*, 424 F.2d 1382, 165 USPQ 494. 496 (CCPA 1970). Furthermore, section 102 is designed to specifically exclude from patentable subject matter anything this is considered old. To successfully combat a prima facie case of anticipation, the Applicant must show that not all elements of prima facie anticipation have been met. The Federal Circuit endorsed this view in *In re Oetiker*, 977 F.2d 1443, 24 USPQ 2d 1443 at 1444 (Fed. Cir. 1992) stating "[i]f the examination at the initial stage does not produce a prima facie case of unpatentability, then without more the Applicant is entitled to grant of the patent." According to the Federal Circuit, "[a]nticipation requires the presence in a single prior art reference disclosure of each and every element of the claimed invention, *arranged as in the claim*." Lindemann Maschinenfabrik GmbH v. American Hoist & Derrick Co., 730 F.2d 1452, 22 USPQ 481, 485 (Fed. Cir. 1984) (citing Connell v. Sears, Roebuck & Co., 722 F.2d 1542, 220 USPQ 193 (Fed. Cir. 1983))(emphasis added).

1. Wintrobe et al. (Clinical Hematology, 1974)

Claims 70-72, 74-79, and 81-87 stand rejected under 35

U.S.C. § 102(b) as being anticipated by Wintrobe et al. Applicants respectfully traverse this rejection.

Wintrobe et al. disclose laboratory methods for the study of hemostasis, e.g., the stoppage of bleeding, and blood coagulation and blood clotting defects. On page 1053, Wintrobe et al. discuss platelet functions and platelet adhesiveness. On page 1060, Wintrobe et al. discuss methods for the quantitative assay of plasma fibrinogen as an example of a test of the coagulation phase. On pages 1060-1061, Wintrobe et al. discuss tests for intravascular coagulation and fibrinolysis, e.g., the enzymatic breakdown of fibrin. On page 1062, Wintrobe et al. discuss Table 33-3, which summarizes tests that may be carried out on bleeding patients for the purpose of determining coagulation defects that bleeding patients may have.

Independent claim 70

Claim 70 claims an ex vivo diagnostic method including identifying conditions that each cause a low level activation of the coagulation response in blood; providing a blood sample taken from a subject; providing different

blood tests that are each for identifying low level activation of the coagulation response in blood; performing each of the different blood tests on the blood sample; and if at least two of the different blood tests identify low level activation of the coagulation response in the blood sample are abnormal, using the at least two of the blood tests to assist in diagnosing the subject with one of the conditions.

Wintrobe et al. are concerned with the study of hemostasis, e.g., the stoppage of bleeding, and blood coagulation and blood clotting defects. In Applicants' claim 70, the method is not directed to stopping bleeding, the study or science of blood coagulation, or tests merely for determining coagulation abnormalities that bleeding patients may have. Quite to the contrary, Applicants' method set forth in claim 70 is concerned first with identifying conditions that each cause a low level activation of the coagulation response in blood, performing tests on the blood sample that are each for identifying low level activation of the coagulation response in blood, and if at least two of the different blood tests identify low level activation of the coagulation response in the blood

sample are abnormal, using the at least two of the blood tests to assist in diagnosing the subject with one of the conditions. The ability to test a blood sample in order to determine whether the blood sample has low level activation of the coagulation response provide a way to assist in diagnosing the subject from which the sample was taken with a condition that causes a low level activation of the coagulation response.

Table 33-3 in Wintrobe et al. identify four tests, e.g., platelet count, bleeding time, partial thromboplastin time, and prothrombin time, which may be used to diagnose blood clotting defects in bleeding patients. The four tests identified in Table 33-3 are not tests for identifying low level activation of the coagulation response in blood, and the results of the four tests, in any combination, are not used, or thus capable of being used, to assist in the diagnosis of a subject from which the blood sample was taken with a condition that causes a low level activation of the coagulation response in blood.

In sum, Wintrobe et al. altogether fail to identify blood tests that are each for identifying low level

activation of the coagulation response in blood, fail to specify performing such tests on a blood sample taken from a subject, and fail to specify if at least two of the different blood tests identify low level activation of the coagulation response in the blood sample are abnormal then using the at least two of the blood tests to assist in diagnosing the subject with one of the conditions that cause a low level activation of the coagulation response in blood. Accordingly, Wintrobe et al. do not, and cannot, anticipate Applicants' claim 70.

Dependent claims 71, 72, and 74-76

Claims 71, 72, and 74-76 depend upon claim 70 that is allowable according to the argument set forth above and, therefore, are allowable.

Independent claim 77

Claim 77 specifies an ex vivo diagnostic method including identifying a condition that causes low level activation of the coagulation response in blood; providing a blood sample taken from a subject; providing different blood tests that are each for identifying low level activation of the coagulation response in blood; performing

the different blood tests on the blood sample; and if at least two of the different blood tests identify low level activation of the coagulation response in the blood sample, using the at least two of the blood tests to assist in diagnosing the subject with the condition.

As indicated above in connection with claim 70, Wintrobe et al. altogether fail to identify blood tests that are each for identifying low level activation of the coagulation response in blood, fail to specify performing such tests on a blood sample taken from a subject, and fail to specify if at least two of the different blood tests identify low level activation of the coagulation response in the blood sample are abnormal then using the at least two of the blood tests to assist in diagnosing the subject with one of the conditions that cause a low level activation of the coagulation response in blood. Accordingly, Wintrobe et al. do not, and cannot, anticipate Applicants' claim 77.

Dependent claims 78, 79, and 81-83

Claims 78, 79, and 81-83 depend upon claim 77 that is allowable according to the argument set forth above and,

therefore, are allowable.

Independent claim 84

Claim 84 specifies an ex vivo diagnostic method including identifying conditions that each cause a low level activation of the coagulation response in blood, providing a blood sample taken from a subject; providing different blood tests that are each for identifying low level activation of the coagulation response in blood; the blood tests comprising tests for at least two of fibrinogen, prothrombin fragment 1+2, thrombin/antithrombin complexes, soluble fibrin monomer, and platelet activation; obtaining a result for each of the blood tests; observing the results; and if at least two of the results are abnormal, using the abnormal results to assist in diagnosing the subject with one of the conditions.

As indicated above in connection with claim 70, Wintrobe et al. altogether fail to identify blood tests that are each for identifying low level activation of the coagulation response in blood, fail to specify performing such tests on a blood sample taken from a subject, and fail to specify if at least two of the different blood tests

identify low level activation of the coagulation response in the blood sample are abnormal then using the at least two of the blood tests to assist in diagnosing the subject with one of the conditions that cause a low level activation of the coagulation response in blood. Accordingly, Wintrobe et al. do not, and cannot, anticipate Applicants' claim 84.

Dependent claim 85

Claim 85 depends upon claim 84 that is allowable according to the argument set forth above and, therefore, is allowable.

Independent claim 86

Claim 86 specifies an ex vivo diagnostic method including identifying a condition that causes a low level activation of the coagulation response in blood; providing a blood sample taken from a subject; providing different blood tests that are each for identifying low level activation of the coagulation response in blood; the blood tests comprising tests for fibrinogen, prothrombin fragment 1+2, thrombin/antithrombin complexes, soluble fibrin monomer, and platelet activation; and if at least two of

the results are abnormal, using the abnormal results to assist in diagnosing the subject with the condition.

As indicated above in connection with claim 70, Wintrobe et al. altogether fail to identify blood tests that are each for identifying low level activation of the coagulation response in blood, fail to specify performing such tests on a blood sample taken from a subject, and fail to specify if at least two of the different blood tests identify low level activation of the coagulation response in the blood sample are abnormal then using the at least two of the blood tests to assist in diagnosing the subject with one of the conditions that cause a low level activation of the coagulation response in blood. Accordingly, Wintrobe et al. do not, and cannot, anticipate Applicants' claim 86.

Dependent claim 87

Claim 87 depends upon claim 86 that is allowable according to the argument set forth above and, therefore, is allowable.

2. Sorensen et al. (Thromb Res, 1992)

Claims 70-87 stand rejected under 35 U.S.C. § 102(b) as being anticipated by Sorensen et al. Applicants respectfully traverse this rejection.

Sorensen et al. teach a study to detect activation of coagulation by measuring prothrombin fragment 1 and 2, thrombin-antithrombin III complex, fibrin degradation products, fibrinogen degradation products, and soluble fibrin monomers in plasma from 39 patients with trauma, namely, fractures of the lower extremities. The study in Sorensen et al., which is carried out with patients having suffered trauma, found substantial haemostatic activation of coagulation as an immediate response to trauma, and that increased levels of prothrombin fragment 1 and 2, thrombin-antithrombin III complex, fibrin degradation products, fibrinogen degradation products, and soluble fibrin monomers appear to be a normal physiological reaction after fractures of the lower extremities.

Clearly, Sorensen et al. show that a trauma such as a fracture of the lower extremity is a thrombic event that causes substantial haemostatic activation of coagulation in

blood as indicated by increased levels of prothrombin fragment 1 and 2, thrombin-antithrombin III complex, fibrin degradation products, fibrinogen degradation products, and soluble fibrin monomers, which are not genetic and metabolic procoagulant factors capable of indicating a hereditary propensity for hypercoagulation in a blood sample. Prothrombin fragment 1 and 2, thrombin-antithrombin III complex, fibrin degradation products, fibrinogen degradation products, and soluble fibrin monomers are activation or result markers increased levels of which are indicated after a trauma thereby indicating a haemostatic activation of coagulation in blood, namely, evidence of coagulation.

Independent claim 70

Claim 70 claims an ex vivo diagnostic method including identifying conditions that each cause a low level activation of the coagulation response in blood; providing a blood sample taken from a subject; providing different blood tests that are each for identifying low level activation of the coagulation response in blood; performing each of the different blood tests on the blood sample; and if at least two of the different blood tests identify low

level activation of the coagulation response in the blood sample are abnormal, using the at least two of the blood tests to assist in diagnosing the subject with one of the conditions.

As explained above, the study in Sorensen et al., which is carried out with patients having suffered trauma, found substantial haemostatic activation of coagulation as an immediate response to trauma, and that increased levels of prothrombin fragment 1 and 2, thrombin-antithrombin III complex, fibrin degradation products, fibrinogen degradation products, and soluble fibrin monomers appear to be a normal physiological reaction after fractures of the lower extremities. Clearly, the method in Sorensen et al. do not have all of the steps of the invention claimed in claim 70, and is for an entirely different purpose, the results of which indicate the existence of coagulation. Because the method in Sorensen et al. is for an entirely different purpose from the claimed invention set forth in claim 70 and obtains results that are entirely different from Applicants' invention set forth in claim 70, one having ordinary skill in the art in looking at Sorensen et al. would have no way of arriving at Applicants' claimed

invention. Thus, any inherency argument must fail. Since Sorensen et al. do not disclose all of the steps of Applicants' method claimed in claim 70, Sorensen et al. cannot function as a section 102 reference against claim 70. Thus, Sorensen et al. do not anticipate claim 70, since each and every element as set forth in the claim is not found, either expressly or inherently described, in Sorensen et al.

In sum, Sorensen et al. altogether fail to identify blood tests that are each for identifying low level activation of the coagulation response in blood, fail to specify performing such tests on a blood sample taken from a subject, and fail to specify if at least two of the different blood tests identify low level activation of the coagulation response in the blood sample are abnormal then using the at least two of the blood tests to assist in diagnosing the subject with one of the conditions that cause a low level activation of the coagulation response in blood. Accordingly, Sorensen et al. do not, and cannot, anticipate Applicants' claim 70.

Dependent claims 71-76

Claims 71-76 depend upon claim 70 that is allowable according to the argument set forth above and, therefore, are allowable.

Independent claim 77

Claim 77 specifies an ex vivo diagnostic method including identifying a condition that causes low level activation of the coagulation response in blood; providing a blood sample taken from a subject; providing different blood tests that are each for identifying low level activation of the coagulation response in blood; performing the different blood tests on the blood sample; and if at least two of the different blood tests identify low level activation of the coagulation response in the blood sample, using the at least two of the blood tests to assist in diagnosing the subject with the condition.

As indicated above in connection with claim 70, Sorensen et al. altogether fail to identify blood tests that are each for identifying low level activation of the coagulation response in blood, fail to specify performing such tests on a blood sample taken from a subject, and fail

to specify if at least two of the different blood tests identify low level activation of the coagulation response in the blood sample are abnormal then using the at least two of the blood tests to assist in diagnosing the subject with one of the conditions that cause a low level activation of the coagulation response in blood. Accordingly, Sorensen et al. do not, and cannot, anticipate Applicants' claim 77.

Dependent claims 78-83

Claims 78-83 depend upon claim 77 that is allowable according to the argument set forth above and, therefore, are allowable.

Independent claim 84

Claim 84 specifies an ex vivo diagnostic method including identifying conditions that each cause a low level activation of the coagulation response in blood, providing a blood sample taken from a subject; providing different blood tests that are each for identifying low level activation of the coagulation response in blood; the blood tests comprising tests for at least two of fibrinogen, prothrombin fragment 1+2, thrombin/antithrombin

complexes, soluble fibrin monomer, and platelet activation; obtaining a result for each of the blood tests; observing the results; and if at least two of the results are abnormal, using the abnormal results to assist in diagnosing the subject with one of the conditions.

As indicated above in connection with claim 70, Sorensen et al. altogether fail to identify blood tests that are each for identifying low level activation of the coagulation response in blood, fail to specify performing such tests on a blood sample taken from a subject, and fail to specify if at least two of the different blood tests identify low level activation of the coagulation response in the blood sample are abnormal then using the at least two of the blood tests to assist in diagnosing the subject with one of the conditions that cause a low level activation of the coagulation response in blood. Accordingly, Sorensen et al. do not, and cannot, anticipate Applicants' claim 84.

Dependent claim 85

Claim 85 depends upon claim 84 that is allowable according to the argument set forth above and, therefore, is allowable.

Independent claim 86

Claim 86 specifies an ex vivo diagnostic method including identifying a condition that causes a low level activation of the coagulation response in blood; providing a blood sample taken from a subject; providing different blood tests that are each for identifying low level activation of the coagulation response in blood; the blood tests comprising tests for fibrinogen, prothrombin fragment 1+2, thrombin/antithrombin complexes, soluble fibrin monomer, and platelet activation; and if at least two of the results are abnormal, using the abnormal results to assist in diagnosing the subject with the condition.

As indicated above in connection with claim 70, Sorensen et al. altogether fail to identify blood tests that are each for identifying low level activation of the coagulation response in blood, fail to specify performing such tests on a blood sample taken from a subject, and fail

to specify if at least two of the different blood tests identify low level activation of the coagulation response in the blood sample are abnormal then using the at least two of the blood tests to assist in diagnosing the subject with one of the conditions that cause a low level activation of the coagulation response in blood. Accordingly, Sorensen et al. do not, and cannot, anticipate Applicants' claim 86.

Dependent claim 87

Claim 87 depends upon claim 86 that is allowable according to the argument set forth above and, therefore, is allowable.

3. Dati et al.

(Seminars in Thrombosis and Hematosis, 1998)

Claims 70-87 stand rejected under 35 U.S.C. § 102(b) as being anticipated by Dati et al. Applicants respectfully traverses this rejection.

Dati et al. disclose that pregnancy and puerperium are hypercoagulable states with increased incidence of

thromboembolic events and hemostasis. The physiological or pathophysiological activation of hemostasis, e.g., the stoppage of bleeding, results in the generation of activation markers which increase, reflecting hypercoagulability and thus an imbalance in the hemostatic system. The activation markers as set forth in Data et al. include thrombin-antithrombin III complex (TAT), antithrombin III itself, prothrombin fragment 1+2 (F 1+2), fibrin monomer (soluble fibrin), and D-Dimer. These activation markers, as taught by Dati et al., are useful to predict and monitor the severity of the condition.

Independent claim 70

Claim 70 claims an ex vivo diagnostic method including identifying conditions that each cause a low level activation of the coagulation response in blood; providing a blood sample taken from a subject; providing different blood tests that are each for identifying low level activation of the coagulation response in blood; performing each of the different blood tests on the blood sample; and if at least two of the different blood tests identify low level activation of the coagulation response in the blood sample are abnormal, using the at least two of the blood

tests to assist in diagnosing the subject with one of the conditions.

Dati et al. are concerned with utilizing activation markers to predict and monitor hypercoagulable states in pregnancy and puerperium. In Applicants' claim 70, the method is not directed to utilizing activation markers to predict and monitor hypercoagulable states in pregnancy and puerperium. Quite to the contrary, Applicants' method set forth in claim 70 is concerned first with identifying conditions that each cause a low level activation of the coagulation response in blood, performing tests on the blood sample that are each for identifying low level activation of the coagulation response in blood, and if at least two of the different blood tests identify low level activation of the coagulation response in the blood sample are abnormal, using the at least two of the blood tests to assist in diagnosing the subject with one of the conditions. The ability to test a blood sample in order to determine whether the blood sample has low level activation of the coagulation response provide a way to assist in diagnosing the subject from which the sample was taken with a condition that causes a low level activation of the

coagulation response.

As explained above, the procedure in Dati et al. is carried out on pregnant women and women just following childbirth, which are hypercoagulable states. Pregnancy and puerperium are not conditions that cause a low level activation of the coagulation response in blood as specified by Applicants in claim 70. By monitoring the activation markers according to Dati et al., the hypercoagulable states in pregnant women and women just following childbirth can be monitored and predicted. Clearly, the method in Dati et al. do not have all of the steps of the invention claimed in claim 70, and is for an entirely different purpose, the results of which are used to monitor and predict the severity of hypercoagulable states. Because the method in Dati et al. is for an entirely different purpose from the claimed invention set forth in claim 70 and obtains results that are entirely different from Applicants' invention set forth in claim 70, one having ordinary skill in the art in looking at Dati et al. would have no way of arriving at Applicants' claimed invention. Thus, any inherency argument must fail. Since Dati et al. do not disclose all of the steps of Applicants'

method claimed in claim 70, Dati et al. cannot function as a section 102 reference against claim 70. Thus, Dati et al. do not anticipate claim 70, since each and every element as set forth in the claim is not found, either expressly or inherently described, in Dati et al.

In sum, Dati et al. altogether fail to identify blood tests that are each for identifying low level activation of the coagulation response in blood, fail to specify performing such tests on a blood sample taken from a subject, and fail to specify if at least two of the different blood tests identify low level activation of the coagulation response in the blood sample are abnormal then using the at least two of the blood tests to assist in diagnosing the subject with one of the conditions that cause a low level activation of the coagulation response in blood. Accordingly, Dati et al. do not, and cannot, anticipate Applicants' claim 70.

Dependent claims 71-76

Claims 71-76 depend upon claim 70 that is allowable according to the argument set forth above and, therefore, are allowable.

Independent claim 77

Claim 77 specifies an ex vivo diagnostic method including identifying a condition that causes low level activation of the coagulation response in blood; providing a blood sample taken from a subject; providing different blood tests that are each for identifying low level activation of the coagulation response in blood; performing the different blood tests on the blood sample; and if at least two of the different blood tests identify low level activation of the coagulation response in the blood sample, using the at least two of the blood tests to assist in diagnosing the subject with the condition.

As indicated above in connection with claim 70, Dati et al. altogether fail to identify blood tests that are each for identifying low level activation of the coagulation response in blood, fail to specify performing such tests on a blood sample taken from a subject, and fail to specify if at least two of the different blood tests identify low level activation of the coagulation response in the blood sample are abnormal then using the at least two of the blood tests to assist in diagnosing the subject with one of the conditions that cause a low level

activation of the coagulation response in blood. Accordingly, Dati et al. do not, and cannot, anticipate Applicants' claim 77.

Dependent claims 78-83

Claims 78-83 depend upon claim 77 that is allowable according to the argument set forth above and, therefore, are allowable.

Independent claim 84

Claim 84 specifies an ex vivo diagnostic method including identifying conditions that each cause a low level activation of the coagulation response in blood, providing a blood sample taken from a subject; providing different blood tests that are each for identifying low level activation of the coagulation response in blood; the blood tests comprising tests for at least two of fibrinogen, prothrombin fragment 1+2, thrombin/antithrombin complexes, soluble fibrin monomer, and platelet activation; obtaining a result for each of the blood tests; observing the results; and if at least two of the results are abnormal, using the abnormal results to assist in diagnosing the subject with one of the conditions.

As indicated above in connection with claim 70, Dati et al. altogether fail to identify blood tests that are each for identifying low level activation of the coagulation response in blood, fail to specify performing such tests on a blood sample taken from a subject, and fail to specify if at least two of the different blood tests identify low level activation of the coagulation response in the blood sample are abnormal then using the at least two of the blood tests to assist in diagnosing the subject with one of the conditions that cause a low level activation of the coagulation response in blood. Accordingly, Dati et al. do not, and cannot, anticipate Applicants' claim 84.

Dependent claim 85

Claim 85 depends upon claim 84 that is allowable according to the argument set forth above and, therefore, is allowable.

Independent claim 86

Claim 86 specifies an ex vivo diagnostic method including identifying a condition that causes a low level

activation of the coagulation response in blood; providing a blood sample taken from a subject; providing different blood tests that are each for identifying low level activation of the coagulation response in blood; the blood tests comprising tests for fibrinogen, prothrombin fragment 1+2, thrombin/antithrombin complexes, soluble fibrin monomer, and platelet activation; and if at least two of the results are abnormal, using the abnormal results to assist in diagnosing the subject with the condition.

As indicated above in connection with claim 70, Dati et al. altogether fail to identify blood tests that are each for identifying low level activation of the coagulation response in blood, fail to specify performing such tests on a blood sample taken from a subject, and fail to specify if at least two of the different blood tests identify low level activation of the coagulation response in the blood sample are abnormal then using the at least two of the blood tests to assist in diagnosing the subject with one of the conditions that cause a low level activation of the coagulation response in blood. Accordingly, Dati et al. do not, and cannot, anticipate Applicants' claim 86.

Dependent claim 87

Claim 87 depends upon claim 86 that is allowable according to the argument set forth above and, therefore, is allowable.

C. Duplicate Claims

On page 2 of paper no. 20060905, it is indicated that claims 77-83 are substantial duplicates of claims 70-76, that claim 84 is a substantial duplicate of claims 74 and 81, and that claim 86 is a substantial duplicate of claims 76 and 83. Applicants disagree.

Independent claim 70 includes identifying conditions that each cause a low level activation of the coagulation response in blood, and if at least two of the different blood tests identify low level activation of the coagulation response in the blood sample are abnormal, using the-at least two of the blood tests to assist in diagnosing the subject with one of the conditions. Unlike claim 7, claim 77 specifies identifying a condition that causes low level activation of the coagulation response in blood, and if at least two of the different blood tests

identify low level activation of the coagulation response in the blood sample, using the at least two of the blood tests to assist in diagnosing the subject with the condition. Claim 70 is carried out in the environment of identifying conditions that cause a low level activation, and claim 77 is carried out in the environment where only one condition that causes a low level activation of the coagulation response is required. Claims 70 and 77 are very similar, but are indeed different.

Claim 84 is an independent claim, and cannot be the substantial duplicate of dependent claim 74, which depends from claim 70, and dependent claim 81, which depends from claim 77. Claim 86 is an independent claim, and cannot be the substantial duplicate of dependent claim 76, which depends from claim 70, and claim 83, which depends from claim 77.

In sum, independent claims 70, 77, 84, and 86, and the dependent claims corresponding thereto, claim different subject matter, and Applicants believe that there is no basis for the duplicate claim warning on page 2 of paper no. 20060905.

D. Double Patenting

Applicants note, and respectfully traverse, the provisional double patenting rejection on page 6 of paper no. 20060905.

IV. Conclusion

Applicants traverses each and every rejection set forth by the Examiner. Any particular rejection not specifically addressed is not to be deemed to be Applicants' agreement with, or Applicants' acquiescence to, the position taken, or interpretation of the prior art as set forth in, paper no. 20060905. It is to be understood that Applicants' present response is for the purpose of overcoming the rejections of the subject matter set forth in the pending independent claims, in which the subject matter claimed therein is presently desirable to Applicant in the present application.

Accordingly, it is respectfully asserted that Applicant's claims 70-87 are clearly allowable and the case is now in condition for allowance.

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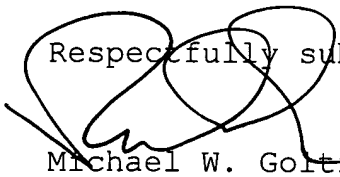
Respectfully submitted,



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